



ACCOUNT CLOSURE REQUEST

You use this form to provide us with instructions on the closure of your account. To close an account means that the entire relationship in respect of this account will be ceased. You are, in line with the Terms and Conditions of the product, obliged to ensure that all outstanding fees have been settled and to make the relevant instructions to ensure your account is in a state ready for closure. Accounts can either be closed and payments made as a cash payment, or can be transferred to another provider.

PART ONE: YOUR INFORMATION

Full Name:	Account Number:
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PART TWO: JOINT ACCOUNT HOLDERS

If there are additional account holders on this account, please complete their details below:

Joint Account Holder One (if applicable)

Full Name:

Joint Account Holder Two (if applicable)

Full Name:

PART THREE: INSTRUCTION TO CLOSE ACCOUNT

Please confirm how you intend to close your account:

- Payment of cash to a bank account? (Please complete Part Four, Part Six and Part Seven)
- Transfer of Account to Another Provider? (Please complete Part Five, Part Six and Part Seven)

PART FOUR: BANK DETAILS FOR CASH PAYMENT

Where you instruct to close the account and transfer the cash proceeds, please ensure that you provide us with investment dealing instructions (and where applicable, currency exchange instructions) to liquidate your account, if you have any assets remaining needing to be sold at the time of this instruction.

We will only be able to pay to a bank account in the name of the account holder, and can only pay to the account(s) currently registered with us. If this bank account is one we have not been notified of previously, please complete the Veri-Platform - Change of Personal Details to update your records with us. This can be provided, with the applicable evidence, at the same time as this form.

To confirm we have the account identified correctly, please complete the following:

Bank Provider:
Account Number:
Currency:

PART FIVE: PROVIDER DETAILS FOR ACCOUNT TRANSFER

Where you instruct to transfer assets, you need to set up an account with the receiving provider first, which must be for the same holder(s) as this account, confirm the receiving company can receive the assets. Ensure that any assets you do not want to transfer in-specie are sold down to your cash account, prior to you requesting the transfer with your new provider.

We will then work with the new provider to transfer the assets, and after settling all outstanding fees and charges on the account, transfer any residual cash balance. Sufficient cash must be available to cover all fees up to and including closure, and failure to do so may delay the transfer whilst the matter is rectified.

Please confirm the details of the receiving provider:

Provider Name:
Correspondence Address:
Jurisdiction:
Contact Telephone:
Contact email:
Contact Name:

Account Holder(s) of the Receiving Account:
Account Number(s) of the Receiving Account :

PART SIX: INFORMATION AND DOCUMENTATION REQUIRED FOR ACCOUNT CLOSURE

Please can you explain why you have chosen to close your account at this time:

Please provide us with the following documentation to allow us to proceed with your request:

- **Certified proof of identity** examples: Passport, National Identity, Driving Licence (photo identification)
- **Certified proof of address** examples: Utility Bill or Bank Statement (no older than 3 months old)
- **For Cash Withdrawals:** Evidence the account is in the name of the account holder
- **For Account Transfers:** Evidence that the new account is set up/applied for, including account holder details
- **NOTICE:** As closing an account and transferring away is a higher risk transaction, we may require additional information in order to complete our files. We will communicate this with you once we have reviewed your request.

PART SEVEN: DECLARATIONS AND SIGNATURES

I hereby request and authorise the closure of the account noted on this form in line with the details set out. I recognise that I may be required to provide additional documentary evidence in certain circumstances and that this may cause delays for which I will not hold Gravitass Finance/Veri-Group liable. I accept the costs and charges applicable for this transaction to be applied to my account, and that additional charges may be levied by investments or banks in the processing of this instruction. I accept and authorise any exit penalties, surrender penalties, and transaction charges that may be applicable and for these to be covered with the proceeds of the account. I confirm that all full and final charges should be applied to the account prior to closure in order that the net balance can be transferred.

Where there is an asset held which cannot be transferred or liquidated, for whatever reason, this may mean that the account closure is not able to be completed. In such circumstances, I accept there may be a requirement to maintain a certain amount of liquidity in order to cover ongoing management costs until such time as the asset is again able to be liquidated or transferred.

Account Holder/Authorised Signatory

Full Name:
Signature:
Date:
Place of Signing:
Designation (if applicable):

Joint Account Holder/Authorised Signatory 2

Full Name:
Signature:
Date:
Place of Signing:
Designation (if applicable):

Joint Account Holder/Authorised Signatory 3

Full Name:
Signature:
Date:
Place of Signing:
Designation (if applicable):